

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533481

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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20	1					
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	18					
TOTAL CLAIMS	20					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY